

MARSHALL SPACE FLIGHT CENTER CONTROL BOARD DIRECTIVE (CBD)

1. CBD NUMBER:	2. CONTROL BOARD:	3. DATE:																																							
4. CHANGE NUMBER:		5. PAGE ____ OF ____																																							
6. PROGRAM CONTROL NUMBER:	7. RESPONSIBLE INDIVIDUAL(S) ORGANIZATION(S):																																								
8. CHANGE TITLE:		9. BASELINE DOCUMENT(S) OR DATABASE AFFECTED:																																							
10. CONFIGURATION ITEM (CI)/CSCI NO. AND NOMENCLATURE:		11. EFFECTIVITY (CI/CSCI ONLY):																																							
12. BASELINES AFFECTED: <table style="width: 100%; border: none;"> <tr> <td></td> <td style="text-align: center;">YES</td> <td style="text-align: center;">NO</td> </tr> <tr> <td>CONFIGURATION</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>NON-CONFIGURATION</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>BUDGET</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>SCHEDULE</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td colspan="3">OTHER: _____</td> </tr> </table>		YES	NO	CONFIGURATION	<input type="checkbox"/>	<input type="checkbox"/>	NON-CONFIGURATION	<input type="checkbox"/>	<input type="checkbox"/>	BUDGET	<input type="checkbox"/>	<input type="checkbox"/>	SCHEDULE	<input type="checkbox"/>	<input type="checkbox"/>	OTHER: _____			13. IMPACT COST: <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> COST SPECIFIED IN ATTACHMENT FY- _____ COST: _____ FY- _____ COST: _____ FY- _____ COST: _____ FY- _____ COST: _____ FY- _____ COST: _____ TOTAL COST: _____	14. IMPACTS: <table style="width: 100%; border: none;"> <tr> <td></td> <td style="text-align: center;">YES</td> <td style="text-align: center;">NO</td> </tr> <tr> <td>WEIGHT</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>MEMORY</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>POWER</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>COST PER FLIGHT</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>ENVIRONMENTAL</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td colspan="3">OTHER: _____</td> </tr> </table>		YES	NO	WEIGHT	<input type="checkbox"/>	<input type="checkbox"/>	MEMORY	<input type="checkbox"/>	<input type="checkbox"/>	POWER	<input type="checkbox"/>	<input type="checkbox"/>	COST PER FLIGHT	<input type="checkbox"/>	<input type="checkbox"/>	ENVIRONMENTAL	<input type="checkbox"/>	<input type="checkbox"/>	OTHER: _____		
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MARSHALL SPACE FLIGHT CENTER - CONTROL BOARD DIRECTIVE (CBD)
(Continuation Page)

1. CBD NUMBER:

2. CONTROL BOARD:

6. PCN:

5. PAGE ____ OF ____

CHANGE DESCRIPTION/DISPOSITION - Continuation (Refer to Item Number and Title Block on CBD Form, MSFC 2312):

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CHANGE DESCRIPTION/DISPOSITION - Continuation (Refer to Item Number and Title Block on CBD Form, MSFC 2312):

CONTROL BOARD DIRECTIVE (CBD) - PREPARATION INSTRUCTIONS

NOTE: Any block may be continued on MSFC Form 2312-1, Control Board Directive (CBD) (Continuation) by completing Blocks 1, 2, 5, and 6 as directed below and indicating item number, title block, and information continued from MSFC Form 2312 under CHANGE DESCRIPTION/DISPOSITION. - Continuation.

Block 1: CBD NUMBER - Enter the CBD number. CBDs that supplement or supersede a previous CBD will use the same CBD number followed by an appropriate revision letter.

Block 2: CONTROL BOARD (CB) - Enter the title of the CB issuing the directive.

Block 3: DATE - Enter the date the CB chairperson signs in Block 17.

Block 4: CHANGE NUMBER - Enter the change identification number (ECP, PCP, ECR, DAR, etc.) **NOTE:** This field is required for configuration changes. For non-configuration changes, the requirement is dependent on the board process defined in the Program/Project Data Management (DM) Plan. If this block is not applicable, enter "n/a".

Block 5: PAGE ____ OF ____ - Enter the appropriate page number and total number of pages of the directive. Directives may include supporting documentation, as required.

Block 6: PROGRAM CONTROL NUMBER (PCN) - Enter the PCN. **NOTE:** This field is required for configuration changes. For non-configuration changes, the requirement is dependent on the board process defined in the Program/Project Data Management (DM) Plan. If this block is not applicable, enter "n/a".

Block 7: RESPONSIBLE INDIVIDUAL(S) ORGANIZATION(S) - Enter the name and organization of the Change Package Engineer, initiator or OPR.

Block 8: CHANGE TITLE - Enter specific title of the change.

Block 9: BASELINE DOCUMENT AFFECTED - List by number and revision letter all baseline documentation that is impacted by this change.

Block 10: CONFIGURATION ITEM (CI)/COMPUTER SOFTWARE CONFIGURATION ITEM (CSCI) NUMBER AND NOMENCLATURE - Enter the number and nomenclature of the CI(s) or CSCI(s) affected. **NOTE:** This field is required for configuration changes, and is optional for non-configuration changes. If this block is not applicable, enter "n/a".

Block 11: EFFECTIVITY - Enter the effectivity(ies) of the items being dispositioned. **NOTE:** This field is required for configuration changes, and is optional for non-configuration changes. If this block is not applicable, enter "n/a".

Block 12: BASELINES AFFECTED - Indicate baseline areas affected by checking appropriate boxes.

- o Configuration - Changes affecting configuration items or computer software configuration items and/or associated documentation.
- o Non-configuration - Changes affecting non-configuration documentation.
- o Budget - Changes affecting the program/project budget baseline.
- o Schedule - Changes affecting the program/project schedule baseline.
- o Other - Specify any other control board baselines affected.

Block 13: COST IMPACTS - Indicate costs by FY and total cost associated with this change. **NOTE:** The cost impact of this change may not affect the budget baseline dependent on content/level of the budget baseline.

Block 14: IMPACTS - Check appropriate box(es).

CONTROL BOARD DIRECTIVE (CBD) - PREPARATION INSTRUCTIONS (CONTINUED)

Block 15: CHANGE DISPOSITION - Enter the instructions denoting the change disposition as directed by the chairperson. Enter pertinent information relative to the change and/or disposition including clarification or expansion of information included in any other blocks. This information includes the following:

a. Statements concerning effect, if any, this CBD has on a previous CBD, i.e., superseding or supplementing action. Supplement/supersede criteria and instructions include the following:

(1) A supplement CBD provides additional direction to a CBD which has been released. Include the statement "This CBD supplements CBD No. _____, dated _____."

(2) A superseding CBD is prepared to correct or alter directions given on a released CBD. New instructions completely supersede previous instructions and therefore must be explicit and complete. Include the statement "This CBD supersedes CBD No. _____, dated _____, in its entirety."

b. Entry of all suspense dates prior to CBD distribution.

c. Change documents that are being dispositioned, including specific instructions for implementation.

d. Reference to CBDs issued by other Centers/Government agencies which are related to this CBD.

e. Discussion or clarification of the change effect on spares, safety, reliability, quality control, etc.

f. Reference to other related changes, including identity of CBDs issued for same.

g. Data continuation from other blocks when space provided for the other blocks is insufficient to record the data. Reference the block's item numbers and titles.

h. Specific instructions or directions to NASA offices, procurement offices, and other Government agencies are included in this block. Special procurement instructions may be included here by reference to an attachment.

i. Documentation of the CB chairperson's decision on the change with one of the following dispositions:

(1) Approved as written

(2) Approved with changes, and the changes clearly stated.

(3) Disapproved, with reason(s) clearly stated.

Block 16: BOARD MEMBERS - Obtain board members' concurrence or nonconcurrence with disposition action. If a member nonconcurs, the member documents the reasons for nonconcurrence by submitting a separate continuation sheet (MSFC Form 2312-1) immediately following member's signature of nonconcurrence. The continuation sheet is attached to the CBD before distribution is made.

Block 17: BOARD CHAIRMAN - Obtain signature of the chairperson. After the CBD has been signed, the board secretariat enters in Block 3 the date the chairperson signed the CBD.

Block 18: SECRETARIAT - Obtain signature of the board secretariat.